

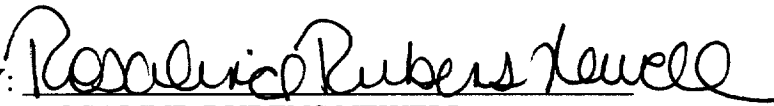
01- R -0439

Entered - 11-19-99 - sb  
CL 99L0785 - ALEXIS HOLMES

CLAIM OF: **WILLIE WREN**  
5503 Riverdale Road  
Apartment 6-B  
Atlanta, Georgia 30049

For damages alleged to have been sustained to his vehicle as a result of driving over metal construction plates in the road on October 7, 1999 at Jonesboro Road and Thayer Street.

THIS ADVERSE REPORT IS APPROVED

BY:   
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY

## DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0785

Date: 3/01/01

Claimant /Victim WILLIE WREN

BY: (Atty) \_\_\_\_\_

Address: 5503 Riverdale Road, Apartment 6-B Atlanta, Georgia, 30049

Subrogation: \_\_\_\_\_ Claim for Property damage \$ 196.09 Bodily Injury \$ \_\_\_\_\_

Date of Notice: 11/15/99 Method: Written, proper X Improper \_\_\_\_\_

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 10/07/99 Place: Jonesboro Road and Thayer Street

Department Unknown Division: \_\_\_\_\_

Employee involved \_\_\_\_\_ Disciplinary Action: \_\_\_\_\_

**NATURE OF CLAIM:** The claimant states that he sustained damages to his vehicle when he drove over a metal plate in the road. However, the alleged location of the incident is a State road, and it is their responsibility to maintain and repair any roadway defects, and not the responsibility of the City of Atlanta. Further, the claimant has been advised to pursue his claim with the Department of Transportation State of Georgia. Also, all efforts were exhausted to ensure that the City was not involved in this incident.

### INVESTIGATION:

Statements: City employee X Claimant \_\_\_\_\_ Other X Written X Oral X

Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police \_\_\_\_\_ Dept Report X Other \_\_\_\_\_

Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

### BASIS OF RECOMMENDATION:

Function: Governmental \_\_\_\_\_ Ministerial \_\_\_\_\_

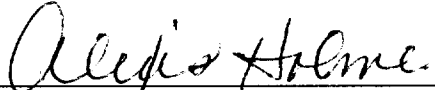
Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other \_\_\_\_\_ Damages reasonable \_\_\_\_\_

City not involved X Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_

Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_

Claimant Negligent \_\_\_\_\_ City Negligent \_\_\_\_\_ Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

  
INVESTIGATOR - ALEXIS HOLMES

### RECOMMENDATION:

Pay \$ \_\_\_\_\_ Adverse X Account charged: 1A01 2J01 2H01

Claims Manager:  Concur/date 03-02-01

Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

COUNCIL OF THE CITY OF ATLANTA  
CLERK OF COUNCIL  
City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 10-10-99

Dear Clerk of Council:

ENTERED - 11-19-99 -SB  
99L0785 - MIKE REEVES

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 844.99 property and/or \$ \_\_\_\_\_ bodily injury for which I contend the City is liable.

1. Date of incident: 10 7 99  
(month/day/year)
2. Police called: \_\_\_\_\_  
Yes ☐ No ☒
3. Location of incident: Seneca Blvd And Trayer St.
4. Name of your insurance company: PERMANENT GENERAL Policy No. GA 6273297
5. State what and how incident occurred: I WAS CRASHED TOWARD LAKESIDE AND INNOVATION  
WHEN I HEARD A LOUD NOISE IT WAS AROUND 8:30 PM I  
PULLED OVER BY MEDICAL ST. I FOUND DAMAGE TO THE FRONT  
Also THE NEXT DAY I FOUND MY STABILIZER BAR MISSING
6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
7. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).  
Your vehicle: 1989 Ford Escort 400 MPD WILLIE WREN  
(make) (year) (tag number) (driver's name)  
City vehicle: \_\_\_\_\_  
(make) (City driver's name) (department/bureau)
8. Witness: \_\_\_\_\_  
(name) (address) (telephone number)
9. The acknowledgement of this claim in no way waives the Governmental immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
10. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Willie Wren (claimant's name)

5503 Riverdale Rd Apt 6-B  
(address)

Atlanta Ga. 30349  
(city and state)

(404) 894-4392 770-994-1976  
(work number) (home number)

40655-5784 Pgs.

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